


PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the day	Nearly every day
1. Little interest in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
 If you checked " <u>more than half the days</u> " or " <u>nearly every day</u> " for at least <u>ONE</u> of the above questions please complete the following questions.				
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or hurting yourself in some way.	0	1	2	3

Add columns

	+		+	
--	---	--	---	--

Total

--

10. If you checked off *any* problems how difficult have these problems made it for you to do your work, take care of things at home or get along with people?

Not difficult at all _____

Somewhat difficult _____

Very Difficult _____

Extremely difficult _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr. Spitzer at ris8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the terms of use available at <http://www.pfizer.com>. Copyright © 1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.